

STATE BOARD OF EXAMINERS OF PSYCHOLOGY  
COMMONWEALTH OF KENTUCKY  
PO BOX 1360  
FRANKFORT, KY 40602  
<http://psycho.state.ky.us/>

**Supervised Psychological Experience**

**Documentation of Supervision (Psychological Practitioner)**

(To be completed by applicant and signed by applicant and current supervisor)

**APPLICANT NAME** \_\_\_\_\_

One of the requirements for licensure as a Psychological Practitioner in the Commonwealth of Kentucky is 5 years of supervised psychological practice as a Licensed Psychological Associate (or Certified Psychologist) with a Board approved supervisor. Please document years of supervision below (Add more pages if needed.) The information provided will be confirmed against Board records.

<b>Board Approved Supervisor (include current address)</b>	<b>Dates of Supervision</b>	<b>Hours of supervision per week</b>

**DECLARATION:** *I declare that, to the best of my knowledge, the foregoing is true and correct.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of current Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date